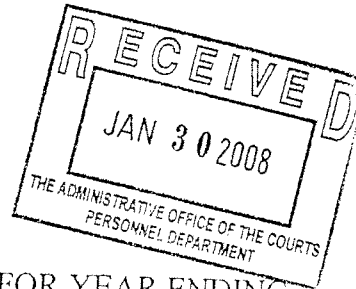


FILED

JAN 28 2008

Administrative Office of the Courts  
BY



JUDICIAL FINANCIAL DISCLOSURE STATEMENT FOR YEAR ENDING  
DECEMBER 31, 20 08

GENERAL INFORMATION

RECEIVED

FEB 01 2008

COMMISSION  
ON ETHICS

1. Name BRUCE L GALE
2. Title ATTORNEY AT LAW
3. Mailing address 625 SOUTH EIGHTH STREET  
LAS VEGAS, NEVADA 89101-7004
4. Length of residence in Nevada TWENTY FIVE (25) YEARS
5. County in which you are registered to vote CLARK
6. Length of residence in the county in which you are registered to vote TWENTY FIVE (25) YEARS

COMPENSATION FOR EXTRA-JUDICIAL ACTIVITIES

7. Disclose the date, place, and nature of any extra-judicial activity for which you received compensation, the name of the payor, and the amount of the compensation so received. See Canon 4I(2)(a)(ii). Attach additional sheets if necessary.

Date	Nature and Place of Activity	Name of Payor	Amount
<u>NONE</u>	<u>NONE</u>	<u>NONE</u>	<u>NONE</u>
<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>

INCOME

8. Disclose each source of income received by you and by each member of your household who is 18 years of age or older. No listing of individual clients, customers, or patients is required. Income received from such sources should be disclosed under a general heading such as "professional services." See Canon 4I(2)(a)(iii). Attach additional sheets if necessary.

Source of Income

Recipient

PROFESSIONAL SERVICES

BRUCE L. GALE ATTORNEY AT LAW

RENTAL INCOME

KATHERINE EUGENIE GALE

**REAL PROPERTY**

9. Disclose the specific location, nature, and particular use of any real estate which has a fair market value of \$2,500 or more, other than your personal residence, in which you or a member of your household has a legal or beneficial interest, and is located in Nevada or any adjacent state. See Canon 4I(2)(a)(iv). Specific addresses are required – list the street address or legal description. You must designate whether the property is unimproved vacant land, agricultural land, commercial building, apartments, single-family, rental, etc. Attach additional sheets if necessary.

<i>Specific Location</i>	<i>Nature/Particular Use</i>	<i>Interest Holder</i>
- 817 EAST ST. LOUIS AVENUE, Las Vegas, NEVADA 89104	RESIDENTIAL RENTAL PROPERTY	KATHLEEN EUGENET GALE (25 %)

**CREDITORS**

10. Disclose the name of each creditor to whom you or a member of your household owes \$5,000 or more unless: (a) the debt is secured by a mortgage or deed of trust on real property which is not required to be listed under question 9 above, or (b) the debt is one for which a security interest in a motor vehicle for personal use was retained by the seller or its assignee or designee. See Canon 4I(2)(a)(v). Attach additional sheets if necessary.

<i>Name of Creditor</i>	<i>Name of Debtor</i>
- STATE BANK OF NEVADA LAWSON RESERVE SERVICE	- BRUCE L. GALE
- INTERNA RESERVE SERVICE	- BRUCE L. GALE

**BUSINESS ENTITIES**

11. List each business entity in which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner (in whole or in part), limited or general partner, or holder of any class of stock or security representing one percent or more of the total outstanding stock or securities issued by the business entity. See Canon 4I(2)(a)(vi). Attach additional sheets if necessary.

<i>Business Entity</i>	<i>Nature of Involvement</i>	<i>Person Involved</i>
- COASTSIDE, LLC A REVERSED NEVADA LIMITED LIABILITY COMPANY	- SPORTS AGENT BUSINESS - NONE	- BRUCE L. GALE

**GIFTS, BEQUESTS, FAVORS, OR LOANS**

12. Disclose the date, place, name of the donor, amount, and nature of any gift, bequest, favor or loan to you or to a member of your family residing in your household if its value exceeded \$200, unless this disclosure is not required by Section 4D of the Code of Judicial Conduct. See especially Canon 4D(5)(h) and 4I(2)(a)(vii). Attach additional sheets if necessary.

Date	Name and Place of Gift	Name of Donor	Amount
NONE	NONE	NONE	NONE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND COMPLETE.

MONDAY,  
January 26, 2008      [Signature]  
 Date      Signature  
 4:40 P.M.

File this form with the State Court Administrator.

Deliver or mail to:

State Court Administrator  
 Administrative Office of the Courts  
 201 S. Carson Street, Suite 250  
 Carson City, Nevada 89701-4702

Telephone: (775) 684-1700